

EXHIBIT A

TO DEFENDANT'S NOTICE OF ASSISTED FILING AND RESPONSE

April 26, 2020
Via U.S. Postal

Shikeb Sadozai - LODR# AY1590
California State Prison - Corcoran
P.O. Box 3461
Corcoran California [93212]

Allison M. Low
Dep. Atty. Gen.
455 Golden Gate Ave
Ste# 11000
San Francisco, CA [94102]

Honorable Judge
Beth Labson Freeman
280 South First St., Rm-2112
San Jose California
[95113]

Re: SADDOZAI V. DAVIS, Case No. 18-05558(BLF)
U.S.D.C. Northern Dist. Court

To: Honorable Judge Beth Labson Freeman and
Counsel for Defendant Allison M. Low

Defendant Counsel's Exhibit B,
Memorandum on the 12th point below of the
Front cover page information states in part
" Law library P.L.U. or paging option while
maintaining social distancing in library" reveals
that prison facility can provide plaintiff
access to facility law library in order for plaintiff
to initiate, maintain, and respond to court
actions, appeals, litigation activities and deadlines
etc., however these services, access, and
resources etc. are repeatedly denied to

April 26, 2020, contrary to policy within California Code of Regulations, (CCR) Title 15 Section(s): 3162, and 3138.(h)(1), out of retaliation to punish plaintiff for using and initiating inmate prisoner complaint process for denial of said resources guaranteed to prisoner's.

Please See attachments

~~Supporting~~ plaintiff's due diligent efforts unsuccessfully met. Furthermore plaintiff has in his possession final exhaustion evidence of original inmate CDCR-602 Appeal / Grievance # SA-A-18-02997 filed against correctional officer Clawson, to counterpose and settle dispute that plaintiff did in fact satisfy exhaustion of administrative remedies, but due to prison officials blocking plaintiff's access to the courts, plaintiff cannot submit evidence and pleadings with evidence.

~~Plaintiff~~ Plaintiff asks that defendant Counsel representing the Department of Justice to forward this letter to Honorable Judge Beth Labson Freeman and to assist plaintiff as promised in prior correspondence to order prison officials to provide plaintiff access to law library ASAP and cease and desist their retaliation, harassment and threats.

Sincerely

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)		(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Schoenfeld		Michael	111111	[Signature]
HOUSING/ISSUE NUMBER:	ASSIGNMENT:		HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PARDON, ETC.):
157-075001-0191				157-075001-0191

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: ALL (3) (1) - 10/1/11 - 11/1/11 - 12/1/11 - 1/1/12 - 2/1/12 - 3/1/12 - 4/1/12 - 5/1/12 - 6/1/12 - 7/1/12 - 8/1/12 - 9/1/12 - 10/1/12 - 11/1/12 - 12/1/12 - 1/1/13 - 2/1/13 - 3/1/13 - 4/1/13 - 5/1/13 - 6/1/13 - 7/1/13 - 8/1/13 - 9/1/13 - 10/1/13 - 11/1/13 - 12/1/13 - 1/1/14 - 2/1/14 - 3/1/14 - 4/1/14 - 5/1/14 - 6/1/14 - 7/1/14 - 8/1/14 - 9/1/14 - 10/1/14 - 11/1/14 - 12/1/14 - 1/1/15 - 2/1/15 - 3/1/15 - 4/1/15 - 5/1/15 - 6/1/15 - 7/1/15 - 8/1/15 - 9/1/15 - 10/1/15 - 11/1/15 - 12/1/15 - 1/1/16 - 2/1/16 - 3/1/16 - 4/1/16 - 5/1/16 - 6/1/16 - 7/1/16 - 8/1/16 - 9/1/16 - 10/1/16 - 11/1/16 - 12/1/16 - 1/1/17 - 2/1/17 - 3/1/17 - 4/1/17 - 5/1/17 - 6/1/17 - 7/1/17 - 8/1/17 - 9/1/17 - 10/1/17 - 11/1/17 - 12/1/17 - 1/1/18 - 2/1/18 - 3/1/18 - 4/1/18 - 5/1/18 - 6/1/18 - 7/1/18 - 8/1/18 - 9/1/18 - 10/1/18 - 11/1/18 - 12/1/18 - 1/1/19 - 2/1/19 - 3/1/19 - 4/1/19 - 5/1/19 - 6/1/19 - 7/1/19 - 8/1/19 - 9/1/19 - 10/1/19 - 11/1/19 - 12/1/19 - 1/1/20 - 2/1/20 - 3/1/20 - 4/1/20 - 5/1/20 - 6/1/20 - 7/1/20 - 8/1/20 - 9/1/20 - 10/1/20 - 11/1/20 - 12/1/20 - 1/1/21 - 2/1/21 - 3/1/21 - 4/1/21 - 5/1/21 - 6/1/21 - 7/1/21 - 8/1/21 - 9/1/21 - 10/1/21 - 11/1/21 - 12/1/21 - 1/1/22 - 2/1/22 - 3/1/22 - 4/1/22 - 5/1/22 - 6/1/22 - 7/1/22 - 8/1/22 - 9/1/22 - 10/1/22 - 11/1/22 - 12/1/22 - 1/1/23 - 2/1/23 - 3/1/23 - 4/1/23 - 5/1/23 - 6/1/23 - 7/1/23 - 8/1/23 - 9/1/23 - 10/1/23 - 11/1/23 - 12/1/23 - 1/1/24 - 2/1/24 - 3/1/24 - 4/1/24 - 5/1/24 - 6/1/24 - 7/1/24 - 8/1/24 - 9/1/24 - 10/1/24 - 11/1/24 - 12/1/24 - 1/1/25 - 2/1/25 - 3/1/25 - 4/1/25 - 5/1/25 - 6/1/25 - 7/1/25 - 8/1/25 - 9/1/25 - 10/1/25 - 11/1/25 - 12/1/25 - 1/1/26 - 2/1/26 - 3/1/26 - 4/1/26 - 5/1/26 - 6/1/26 - 7/1/26 - 8/1/26 - 9/1/26 - 10/1/26 - 11/1/26 - 12/1/26 - 1/1/27 - 2/1/27 - 3/1/27 - 4/1/27 - 5/1/27 - 6/1/27 - 7/1/27 - 8/1/27 - 9/1/27 - 10/1/27 - 11/1/27 - 12/1/27 - 1/1/28 - 2/1/28 - 3/1/28 - 4/1/28 - 5/1/28 - 6/1/28 - 7/1/28 - 8/1/28 - 9/1/28 - 10/1/28 - 11/1/28 - 12/1/28 - 1/1/29 - 2/1/29 - 3/1/29 - 4/1/29 - 5/1/29 - 6/1/29 - 7/1/29 - 8/1/29 - 9/1/29 - 10/1/29 - 11/1/29 - 12/1/29 - 1/1/30 - 2/1/30 - 3/1/30 - 4/1/30 - 5/1/30 - 6/1/30 - 7/1/30 - 8/1/30 - 9/1/30 - 10/1/30 - 11/1/30 - 12/1/30 - 1/1/31 - 2/1/31 - 3/1/31 - 4/1/31 - 5/1/31 - 6/1/31 - 7/1/31 - 8/1/31 - 9/1/31 - 10/1/31 - 11/1/31 - 12/1/31 - 1/1/32 - 2/1/32 - 3/1/32 - 4/1/32 - 5/1/32 - 6/1/32 - 7/1/32 - 8/1/32 - 9/1/32 - 10/1/32 - 11/1/32 - 12/1/32 - 1/1/33 - 2/1/33 - 3/1/33 - 4/1/33 - 5/1/33 - 6/1/33 - 7/1/33 - 8/1/33 - 9/1/33 - 10/1/33 - 11/1/33 - 12/1/33 - 1/1/34 - 2/1/34 - 3/1/34 - 4/1/34 - 5/1/34 - 6/1/34 - 7/1/34 - 8/1/34 - 9/1/34 - 10/1/34 - 11/1/34 - 12/1/34 - 1/1/35 - 2/1/35 - 3/1/35 - 4/1/35 - 5/1/35 - 6/1/35 - 7/1/35 - 8/1/35 - 9/1/35 - 10/1/35 - 11/1/35 - 12/1/35 - 1/1/36 - 2/1/36 - 3/1/36 - 4/1/36 - 5/1/36 - 6/1/36 - 7/1/36 - 8/1/36 - 9/1/36 - 10/1/36 - 11/1/36 - 12/1/36 - 1/1/37 - 2/1/37 - 3/1/37 - 4/1/37 - 5/1/37 - 6/1/37 - 7/1/37 - 8/1/37 - 9/1/37 - 10/1/37 - 11/1/37 - 12/1/37 - 1/1/38 - 2/1/38 - 3/1/38 - 4/1/38 - 5/1/38 - 6/1/38 - 7/1/38 - 8/1/38 - 9/1/38 - 10/1/38 - 11/1/38 - 12/1/38 - 1/1/39 - 2/1/39 - 3/1/39 - 4/1/39 - 5/1/39 - 6/1/39 - 7/1/39 - 8/1/39 - 9/1/39 - 10/1/39 - 11/1/39 - 12/1/39 - 1/1/40 - 2/1/40 - 3/1/40 - 4/1/40 - 5/1/40 - 6/1/40 - 7/1/40 - 8/1/40 - 9/1/40 - 10/1/40 - 11/1/40 - 12/1/40 - 1/1/41 - 2/1/41 - 3/1/41 - 4/1/41 - 5/1/41 - 6/1/41 - 7/1/41 - 8/1/41 - 9/1/41 - 10/1/41 - 11/1/41 - 12/1/41 - 1/1/42 - 2/1/42 - 3/1/42 - 4/1/42 - 5/1/42 - 6/1/42 - 7/1/42 - 8/1/42 - 9/1/42 - 10/1/42 - 11/1/42 - 12/1/42 - 1/1/43 - 2/1/43 - 3/1/43 - 4/1/43 - 5/1/43 - 6/1/43 - 7/1/43 - 8/1/43 - 9/1/43 - 10/1/43 - 11/1/43 - 12/1/43 - 1/1/44 - 2/1/44 - 3/1/44 - 4/1/44 - 5/1/44 - 6/1/44 - 7/1/44 - 8/1/44 - 9/1/44 - 10/1/44 - 11/1/44 - 12/1/44 - 1/1/45 - 2/1/45 - 3/1/45 - 4/1/45 - 5/1/45 - 6/1/45 - 7/1/45 - 8/1/45 - 9/1/45 - 10/1/45 - 11/1/45 - 12/1/45 - 1/1/46 - 2/1/46 - 3/1/46 - 4/1/46 - 5/1/46 - 6/1/46 - 7/1/46 - 8/1/46 - 9/1/46 - 10/1/46 - 11/1/46 - 12/1/46 - 1/1/47 - 2/1/47 - 3/1/47 - 4/1/47 - 5/1/47 - 6/1/47 - 7/1/47 - 8/1/47 - 9/1/47 - 10/1/47 - 11/1/47 - 12/1/47 - 1/1/48 - 2/1/48 - 3/1/48 - 4/1/48 - 5/1/48 - 6/1/48 - 7/1/48 - 8/1/48 - 9/1/48 - 10/1/48 - 11/1/48 - 12/1/48 - 1/1/49 - 2/1/49 - 3/1/49 - 4/1/49 - 5/1/49 - 6/1/49 - 7/1/49 - 8/1/49 - 9/1/49 - 10/1/49 - 11/1/49 - 12/1/49 - 1/1/50 - 2/1/50 - 3/1/50 - 4/1/50 - 5/1/50 - 6/1/50 - 7/1/50 - 8/1/50 - 9/1/50 - 10/1/50 - 11/1/50 - 12/1/50 - 1/1/51 - 2/1/51 - 3/1/51 - 4/1/51 - 5/1/51 - 6/1/51 - 7/1/51 - 8/1/51 - 9/1/51 - 10/1/51 - 11/1/51 - 12/1/51 - 1/1/52 - 2/1/52 - 3/1/52 - 4/1/52 - 5/1/52 - 6/1/52 - 7/1/52 - 8/1/52 - 9/1/52 - 10/1/

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

- ☐ SENT THROUGH MAIL: ADDRESSED TO: _____ DATE MAILED: _____
- ☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE): _____

RECEIVED BY, PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED - TO WHOM: [Faint, illegible text]	DATE DELIVERED/MAILED: [Faint, illegible text]	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <input checked="" type="radio"/> BY US MAIL
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SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
SMITH, JAMES	JOHN	12345	[Signature]
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
CSPO-0001-1234			Request for interview

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

I am requesting an interview with the CDCR staff to discuss my current housing situation. I am currently in housing CSPO-0001-1234 and I am having difficulty with the assignment. I am requesting an interview with the CDCR staff to discuss my current housing situation. I am currently in housing CSPO-0001-1234 and I am having difficulty with the assignment. I am requesting an interview with the CDCR staff to discuss my current housing situation. I am currently in housing CSPO-0001-1234 and I am having difficulty with the assignment.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

☐ SENT THROUGH MAIL: ADDRESSED TO: _____ DATE MAILED: 5/7/20

☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO

IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
CSPO-0001-1234	5/7/20	BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:

DEPARTMENT OF CORRECTIONS AND REHABILITATION

NAME (Print): (LAST NAME)		(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Sedjore, J		Sharon	10110	Samuel Sedjore, Jr.
HOUSING/BED NUMBER:	ASSIGNMENT:		HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
0000-0001-0001				COMMUNICATIONS MAIL

[illegible]

☒ SENT THROUGH MAIL: ADDRESSED TO: _____ DATE MAILED: _____
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDEN ROD COPY TO INMATE/PAROLEE): _____

RECEIVED BY: PRINT STAFF NAME: J. Henderson / Y. Yoon	DATE: 4-21-2020	SIGNATURE: [Signature]	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: OS-C-MAD-10-PAUL CLOUTIER/PAUL	DATE DELIVERED/MAILED: 4-21-2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL	

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Saddozai		(FIRST NAME) Shikeb	CDC NUMBER: AY1590	SIGNATURE: ShikebSaddozai
HOUSING/BED NUMBER: CSPC-3B01-227	ASSIGNMENT:		HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): DENIAL OF STATE ISSUED INDIGENT ENVELOPES

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

ATTN: WARDEN-Kent Clark, CSPC-Prison:

On March-26, to present date: April-19, 2020, I have not received my state issued indigent envelopes, with writin paper & pen fillers, pursuant to policy, CCR 15 § 3138. On April-13, 17, 2020, housing-undt (3B01), officers-O. Huerta, & Y. Yang, refused signing my inmate request to prevent me from documenting & alerting prison-Admin, & stole & kept my inmate request out of malice to prevent me from comp-laining nor provided issuance of indigent envelopes on both missed months.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☒ SENT THROUGH MAIL: ADDRESSED TO: CSPC-WARDEN-Kent Clark-CORCORAN

DATE MAILED: 04 / 19 / 20

☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED - TO WHOM: CSPC-WARDEN-KENT CLARK	DATE DELIVERED/MAILED: APRIL-19, 2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
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SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW


RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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DEPARTMENT OF CORRECTIONS AND REHABILITATION

NAME (Print): (LAST NAME): (FIRST NAME):		CDC NUMBER:	SIGNATURE:
Sachdeva Shikha		NY1517	Sachdeva Shikha
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
OSTC-3803-2776			OFFICE OF LAW LIBRARY

[illegible]

☐ SENT THROUGH MAIL: ADDRESSED TO: WILLIAM L. BAKER, JR. DATE MAILED: 11/10/71
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: 1	DATE: 1/1	SIGNATURE: 	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY:
1530-500000-1111111111111111	06/11/2000	(CIRCLE ONE) IN PERSON BY US MAIL

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) (FIRST NAME) Saddozai Shikeb		CDC NUMBER: AY1590	SIGNATURE: ShikebSaddozai
HOUSING/BED NUMBER: CSP-3B01-227L	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): DENIAL OF LAW LIBRARY

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: **ATTN: THIRD NOTICE- 3-B-YARD(CSP)Law Library;**

Please provide me physical access to law library due to active Court, litigations, cases, and Appeal deadlines, requiring photo-copying of legal-confidential pleadings, legal manila envelopes, draft paper, and legal research, needed in order to prosecute court actions. Dated: April 1, 2020.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) ****NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED ****

☒ SENT THROUGH MAIL: ADDRESSED TO: **CSP-3-B-Yard: LAW LIBRARY** DATE MAILED: **04 01, 20**
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: J. ALCANTAR	DATE: 4-1-2020	SIGNATURE: <i>[Signature]</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) <input checked="" type="radio"/> YES <input type="radio"/> NO
IF FORWARDED - TO WHOM: CSP-3-B-YARD-LAW LIBRARY		DATE DELIVERED/MAILED: April 1, 2020	METHOD OF DELIVERY: (CIRCLE ONE) <input type="radio"/> IN PERSON <input checked="" type="radio"/> BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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ATTORNEY GENERAL

2020 MAY -5 A 10:53

CALIFORNIA DEPT OF JUSTICE
SAN FRANCISCO
FEDERAL BUREAU OF INVESTIGATION

CORCORAN STATE PRISON

CORCORAN
STATE PRISON

U.S. POSTAGE >>> PITNEY BOWES

ZIP 93212 \$ 000.65⁰
02 1W
0001386349 APR 28 2020NAME Shikeb SaddozaiCDCR NUMBER A41590HOUSING 3B01PO BOX 3461

CORCORAN, CA 93212

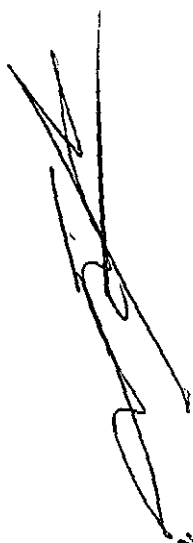
Confidential Legal Mail

STATE PRISON
GENERATED MAIL

9410287020

To Allison M. Low
Deputy Attorney General
455 Golden Gate Ave.,
Ste - 11000
San Francisco, California.





CALIFORNIA STATE PRISON CORCORAN
P.O. BOX 9300
Corcoran, Calif 93212

4-27-20

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INDIGENT